

Obesity Intervention Clinical Trial Screening Questionnaire

Demographics

Full Name

Age

Gender

Email

Phone Number

Anthropometrics

Height (cm)

Weight (kg)

General Health

Are you currently pregnant or breastfeeding?

- ☐ Yes
- ☐ No

Have you been diagnosed with obesity (BMI ≥ 30)?

- ☐ Yes
- ☐ No

Do you have any of the following conditions? (Check all that apply)

- ☐ Diabetes
- ☐ Hypertension

☐ Cardiac Disease

☐ Hyperlipidemia

☐ None

Are you currently taking medications for weight loss?

☐ Yes

☐ No

Lifestyle

Do you participate in regular physical activity?

☐ Yes

☐ No

If yes, how many days per week?

Are you currently enrolled in any weight loss programs?

☐ Yes

☐ No

Exclusion Criteria

Have you had any bariatric surgery?

☐ Yes

☐ No

Do you have any severe psychiatric disorders?

☐ Yes

☐ No

Do you have any other major illnesses?

☐ Yes

☐ No